

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

252710

FILING DATE

6/2/94

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1	cancel			1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1	1		1	
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		19		19		19
21	1		1		1	
22		1		1		1
23		1		1		1
24		1		1		1
25		4		4		4
26		4		4		4
27		4		4		4
28		4		4		4
29		4		4		4
30		4		4		4
31		4		4		4
32	1	1	cancel			
33		1	cancel			
34		19	cancel			
35			1			
36				1		1
37				1		1
38			1		1	
39			1		1	
40			1		1	
41			1		1	
42					1	1
43					1	1
44					1	1
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		48		48	
TOTAL DEP.	89		50		70	
TOTAL CLAIMS	91		98		118	

	* 1		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						